



California Statewide Law Enforcement Association

EXPENSE AND TRAVEL CLAIM

CLAIMANT'S NAME											
POSITION											
RESIDENCE ADDRESS (optional)											
CITY, STATE, ZIP CODE											
MONTH/YEAR	PURPOSE OF EXPENSE	LODGING	MEALS			INCIDENTALS (\$10)	TRANSPORTATION			OTHER CHARGES	TOTAL EXPENSES
			BREAK-FAST (\$16)	LUNCH (\$19)	O.T., L/T, N/C, RELO. OR DINNER (\$28)		COST OF TRANS.	CARFARE, TOLLS, PARKING	PRIVATE CAR (\$0.725 Mileage)		
DATE								MILES	AMOUNT		
SUBTOTALS											
CLAIM TOTAL											
PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)											
CLAIMANT'S SIGNATURE				DATE		SIGNATURE OF APPROVING OFFICER				DATE	